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THE SPEAKER

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**Congress of the United States**  
**House of Representatives**  
**Washington, DC 20515-1314**

## CONSTITUENT INFORMATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ VA Claim #: \_\_\_\_\_

Brief Description of Problem: \_\_\_\_\_

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Date: \_\_\_\_\_ Signature: \_\_\_\_\_